## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

| INSTRUCTIONS: This for appropriate. All further continuous corrected maintenance fee notification  | rm should be used for tran<br>rrespondence including the l<br>below or directed otherwise<br>ns. | smitting the ISSUI<br>Patent, advance ord<br>in Block 1, by (a) | E FEE and PUBLI<br>lers and notification<br>specifying a new   | CATION FEE (if req<br>of maintenance fees<br>correspondence addres  | uired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a sep | Bould be completed where<br>t correspondence address as<br>arate "FEE ADDRESS" for |  |
|--|--|---|--|---|--|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |  |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must  |  |  |  |
| 055694 75  | 590 02/27/2006   |   |  | have its own certifica  | te of mailing or transmission.   | _  |  |
| DRINKER BIDDLE & REATH (DC)<br>1500 K STREET, N.W.<br>SUITE 1100<br>WASHINGTON, DC 20005-1209  |  |   |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |  |
| WASHINGTON, I  | JC 20005-1209  |   |  |   | -  | (Depositor's name)   |  |
|  |  |   |  |   |  | (Signature)  |  |
|  |  |   |  |   |  | (Date)   |  |
| APPLICATION NO.  | APPLICATION NO. FILING DATE  |   | FIRST NAMED INVENTOR   |   | ATTORNEY DOCKET NO.  | CONFIRMATION NO.   |  |
| 10/821,272   | 10/821,272 04/09/2004 Sei  |   |  | 0   | 046124-5287  | 9386   |  |
| TITLE OF INVENTION: L  | IGHT EMITTING ELEMEN   | IT DRIVING CIRC   | CUIT .   |   |  |  |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FE  | E P  | UBLICATION FEE  | TOTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional   | NO   | \$1400  |  | \$300   | \$1700   | 05/30/2006   |  |
| EXAMINER   |  | ART UNI   | г с  | LASS-SUBCLASS   | ]  |  |  |
| VO, TUYET THI 28   |  |   |  | 327-066000  | •  |  |  |
| CFR 4.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |  |  |
| 3. ASSIGNEE NAME AND   | RESIDENCE DATA TO B  | E PRINTED ON TH   | HE PATENT (print   | or type)  |  | · · · · · · · · · · · · · · · · · · ·  |  |
|  |  | low, no assignee do<br>of this form is NOT                      | ata will appear on<br>a substitute for filin   | the patent. If an assig<br>g an assignment.   | nee is identified below, the d   | locument has been filed for  |  |
|  |  |   |  | E: (CITY and STATE OR COUNTRY)  |  |  |  |
| Hamamatsu Photonics K.K. Shizuoka, Japan   |  |   |  |   |  |  |  |
| Please check the appropriate   | assignee category or category  | ries (will not be prin  | nted on the patent):   | ☐ Individual 🛱 (  | Corporation or other private gr  | oup entity Government  |  |
| Publication Fee (No small entity discount permitted)   |  |   |  | nount of the fee(s) is entire it card. Form PTO-203   | O in assert and  |  |  |
| Advance Order - # of   |  |   | The Director is hereby authorized by charge the required fee(s), or credit any overpayment to Deposit Account Number 50-0573 (enclose an extra copy of this form).   |   |  |  |  |
|  | (from status indicated above MALL ENTITY status. See 3   | )   |  |   | LL ENTITY status. See 37 C   |  |  |
|  |  |   |  |   | ly paid issue fee to the applications attorney or agent; or the                        |  |  |
| Authorized Signature   |  |   |  | Date 05/23/2006 MRETENES 00000157 10821272  |  |  |  |
| Typed or printed name Peter J. Sistare   |  |   |  | Registration: No.91 48, 183 1409.00 OP  |  |  |  |
| This collection of informatio<br>an application. Confidentiali<br>submitting the completed ap  | on is required by 37 CFR 1.31 ty is governed by 35 U.S.C. plication form to the USP              | 11. The information 122 and 37 CFR 1.                           | is required to obtain<br>14. This collection<br>depending upon the   | n or retain a benefit by  | the public which is to file (and   | d by the USETO to process) ag gathering, preparing, and me you require to complete |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.